



Administration Building
West Hearing Room
5334 S. Prince St.
Littleton, CO 80120
303-795-4630
303-738-7915 TTY
303-795-4630 Audio Agenda Line

Nancy A. Doty, Chair, District 1
Nancy Sharpe, District 2
Rod Bockenfeld, District 3
Nancy Jackson, Chair Pro-Tem, District 4
Bill Holen, District 5

Study Session

May 2, 2016

The Arapahoe County Board of County Commissioners typically holds weekly Study Sessions on Monday and Tuesday. Study Sessions (except for Executive Sessions) are open to the public and items for discussion are included on this agenda. Agendas (except for Executive Sessions agendas) are available through the Commissioners' Office or through the County's web site at www.arapahoegov.com. Please note that the Board may discuss any topic relevant to County business, whether or not the topic has been specifically noticed on this agenda. In particular, the Board typically schedules time each Monday under "Committee Updates" to discuss a wide range of topics. In addition, the Board may alter the times of the meetings throughout the day, or cancel or reschedule noticed meetings. Questions about this agenda? Contact the Commissioners' Office at 303-795-4630 or by e-mail at commissioners@arapahoegov.com

Study Session Topics

9:00 A.M. Calendar Updates (WHR)

Diana Maes
BoCC Administration Manager

9:30 A.M. BOCC Updates (WHR)

Board of County Commissioners

10:30 A.M. Department Director Update (BoCC Conference Room)

Board of County Commissioners

Break

1:00 P.M. *Adult Protective Services Additional Funding For Full-Time Employees (WHR)

Discussion of a request from the Arapahoe County Department of Human Services (ACDHS) for utilization of increased Adult Protective Services (APS) Block funding as mandated by Senate Bill 15-109 to hire three fulltime positions in preparation for the anticipated workload increase with the implementation of SB 15-109. The funding granted is anticipated to be a permanent change to the block allocation and is 80% State funds requiring a 20% county funding match

Request: Information/Direction

Angela W. Lytle, Deputy Director, Child and Adult Protection Services, Human Services
Cheryl L. Ternes, Director, Human Services
Janet Kennedy, Finance Department Manager
Suzanna Dobbins, Finance Manager, Human Services
Michael Valentine, Deputy County Attorney

Documents: [BSR FOR APS FTE REQUEST 2016.DOC](#)

1:30 P.M. *2016 Aid To Agencies Request (WHR)

Discussion of recommendations in response to a request from AllHealth Network (formerly known as Arapahoe Douglas Mental Health Network - ADMHN) to proceed with the 2016 Aid to Agencies Award of \$276,300

Request: Information/Direction

Beverly Head, Executive Assistant, BoCC Administration
Diana Maes, BoCC Administration Manager, BoCC Administration
Linda Haley, Senior Resources Division Manager, Community Resources
Don Klemme, Director, Community Resources
Assoc Gapuzan, Performance Management Analyst, Human Services
Cheryl Ternes, Director, Human Services
Janet Kennedy, Director, Finance
John Christofferson, Deputy County Attorney

Documents: [A2A STUDY SESSION - ADMHN.PDF](#), [ADMHN 2016 ATOA REVISED APPLICATION \(CLEAN COPY\) \(003\).PDF](#)

2:00 P.M. Department Director Update (BoCC Conference Room)

Board of County Commissioners

3:00 P.M. *Arapahoe County Fair Carnival Vendor Extension Of Agreement (WHR)

Discussion of a request for a Select Source Waiver of the Arapahoe County Purchasing Policies authorizing Fairgrounds staff to establish a one year contract with Crabtree Amusements to provide carnival services at the 2016 Arapahoe County Fair

Request: Information/Direction

Glen Poole, Operations Manager, Open Space
Shannon Carter, Director, Open Space and Intergovernmental Relations
Keith Ashby, Purchasing Manager, Finance
Tiffanie Bleau, Senior Assistant County Attorney

Documents: [CRABTREE_AMUSEMENTS_WAIVER_BSR.PDF](#),
[CRABTREE_SELECT_SOURCE_WAIVER.PDF](#)

3:30 P.M. * Executive Session (WHR)

Executive Study Session and County Attorney Administrative Meeting [Section 24-6-402 (4)(b)C.R.S.](As required by law, specific agenda topics will be announced in open meeting prior to the commencement of the closed and confidential portion of this session) (WHR)

Ron Carl, County Attorney

*** To Be Recorded As Required By Law**

WHR - West Hearing Room

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Assisted listening devices are available. Ask any staff member and we will provide one for you.
If you need special accommodations, contact the Commissioners' Office at 303-795-4630 or 303-738-
7915 TTY.
Please contact our office at least 3 days in advance to make arrangements.*



Board Summary Report

Board Summary Report

Date: April 15, 2016

To: Board of County Commissioners

Through: Cheryl L. Ternes, Director, Department of Human Services

From: Angela W. Lytle, Deputy Director, Child and Adult Protection Services

Subject: Adult Protective Services Block Funding Changes and Additional FTE — Decision Making Session

Request and Recommendation

Request the BoCC approves the Department of Human Services (ACDHS) utilization of increased Adult Protective Services (APS) Block funding as mandated by Senate Bill 15-109 to hire three fulltime positions in preparation for the anticipated workload increase with the implementation of SB 15-109. The funding granted is anticipated to be a permanent change to the block allocation and is 80% State funds requiring a 20% county funding match.

Background

With the implementation of SB 15-109, mandatory reporting expands to include At Risk Adults with Intellectual Developmental Disabilities (IDD), effective July 1, 2016. Prior to this new legislation being signed into law, "At Risk Adult" was defined as a person age 70 years or older at risk of maltreatment. This new law now includes that population in addition to ages 18 and older with identified IDD. Colorado is expecting at least a 30% increase in volume as a result of this new legislation and has provided financial support to counties to prepare for and properly respond to that increase.

The Colorado Department of Human Services (CDHS) notified ACDHS on March 22, 2016, that supplementary funding as determined by the current APS Allocation formula in the amount of \$83,031 had been granted to be spent by June 30, 2016. Unfortunately given the timeframes and time demanded by the hiring and onboarding process, it is highly unlikely that Arapahoe County will benefit from any of those funds. However, applying that same formula, Arapahoe County can expect approximately \$332,000 as sustainable funding for SFY 17.

Links to Align Arapahoe

Service First: Assuring high levels of client service while expanding the type of services available to those served-- all designed to achieve excellent outcomes.

Fiscally Responsible/Quality of Life: The average caseload per Arapahoe County Adult Protection Caseworker is 17 which is a manageable workload with room for growth as the anticipated increase in the demanded services expands. SB 13-111 mandated a caseload of no more than 25 cases per worker. With the additional resources and continued effective workload management strategies implemented, Arapahoe County should be able to remain in compliance with that requirement. Manageable workloads allow high quality services to vulnerable adults in Arapahoe County.

Discussion

Request for three fulltime positions services:

SB15-109 implements into law mandatory reporting of At Risk Adults with Intellectual Developmental Disabilities (IDD), effective July 1, 2016. Prior to this new legislation being signed into law, "At Risk Adult" was defined as a person age 70 years or older at risk of maltreatment. This new law now includes that population in addition to ages 18 and older with identified IDD. Colorado is expecting at least a 30% increase in volume as a result of this new legislation and has provided financial support to counties to prepare for and properly respond to that increase. Current rule mandates a caseload ratio of county caseworkers to a maximum of twenty-five cases per caseworker, so the additional funding is to aid in compliance with those rules.

Workload/Caseload Information

	Caseworker to Client Ratio	Caseworker to Supervisor Ratio
Current	1:17	1:8
With Anticipated Workload Increase of 30% without Additional Resources	1:23	1:8 (one supervisor overseeing 8 caseworkers and over 160 cases)
With Anticipated Workload Increase of 30% with Additional Resources	1:16	1:5 (2 supervisors, each supervisor overseeing 5 caseworkers and approximately 80 cases)

In order for Arapahoe County to maintain the mandated case ratio with the anticipated workload increase, three fulltime positions must be added.

ACDHS is requesting to use the allocated supplemental funding to support two additional caseworker FTE positions and one supervisor position.

Fiscal Impact

Arapahoe County has been allocated an increase in block funding for Adult Protective Services in the amount of \$83,031 for SFY 16 as a result of Senate Bill 15-109 to be used as specifically designated and spent by June 30, 2016. The funding increase allocated to statewide Adult Protective Services is projected to remain in place for future years. The County match for SFY 16 is \$16,606 or 20% as with other state funded programs. The total additional allocation for SFY17 is \$332,124, with a County match of \$66,425. This supplemental request of \$249,093 will cover the remainder of CY16 and the County match will be \$49,818. This will be a supplemental request submitted to the Finance Department to be included in the 1st Quarter Budget Review scheduled for BoCC presentation in late April 2016.

Fiscal Impact of Three Additional Resources/FTE

CFY 2016	Salary/Benefits for 3 FTE	Equipment, Supplies and Mileage	Total	Awarded
SB15-109 Funding (Apr-June)	\$59,391	\$17,490	\$76,881	\$83,031
SB15-109 Projected Funding (July-Dec)	\$118,782	\$10,000	\$128,782	\$166,062

	Expenditures	Revenue	20% County Share
CFY 2016 - 3 Quarters	\$ 249,093	\$ 199,275	\$ 49,818
CFY 2017 - Full Year	\$ 332,124	\$ 265,699	\$ 66,425

Alternatives

ACDHS could choose not to utilize the supplemental funds allocated by the State. However, within a very short period of time given the anticipated increase in service demand, Arapahoe County would be very quickly noncompliant with the State mandated case ratio which could potentially lead to fiscal and other sanctions and most importantly the quality of service delivery would be negatively impacted as a result of an unmanageable workload.

Approved By:

Janet Kennedy, Finance Department Manager
Michael Valentine, Deputy County Attorney
Suzanna Dobbins, Human Services Finance Manager

MOTIONS
(THIS PAGE WILL BE ON GREEN PAPER)

MOTION: Here you should state your anticipated motion that will be required in order to accomplish your proposed resolution. Ex: "I move to approve the _____ as presented."

Alternative Motion: Include a motion with alternative wording/approvals. This might include something mentioned in your study session that may be the desire of the BoCC.

RESOLUTION NO. _____. It was moved by Commissioner _____ and duly seconded by Commissioner _____ to adopt the (Name of Contract, Policy, or other item being presented for approval) as presented to the Board of County Commissioners on this date.

The vote was:

Commissioner Beckman ____; Commissioner Sharpe, ____; Commissioner Bockenfeld, ____;
Commissioner Jackson ____; Commissioner Holen _____.

The Chair declared the motion carried and so ordered.

Approved By:

Janet Kennedy, Finance Department Manager
Suzanna Dobbins, Human Services Finance Manager
Michael Valentine, Deputy County Attorney



Board Summary Report

Date: May 2, 2016

To: Board of County Commissioners

Through: Diana Maes, BoCC Administration Manager

From: Aid to Agencies Review Team

Subject: Aid to Agencies Funding Modification Request by AllHealth Network (formerly known as Arapahoe Douglas Mental Health Network – ADMHN)

Direction/Information:

The purpose of this study session is to provide information to the Board of County Commissioners (BoCC) regarding a request from AllHealth Network to proceed with the 2016 Aid to Agencies Award of \$276,300. As of April 8, 2016, Arapahoe Douglas Mental Health Network was renamed AllHealth Network as part of a rebranding effort.

Given the analysis presented in this Board Summary Report, staff recommends that the BoCC proceeds with the 2016 Aid to Agencies contract with AllHealth Network. The Aid to Agencies Review Team is seeking direction about whether to fund the full amount, or only a portion, as well as input on requirements to review fiscal viability and reporting on a quarterly basis going forward, as a stipulation of continued funding.

Background

In October of 2015, the Arapahoe County BoCC approved the 2016 Aid to Agencies funding for Arapahoe Douglas Mental Health Network for the amount of \$276,300 as part of the Aid to Agencies Grant process. This amount reflected a reduction of 10%, or \$30,700, from the 2015 Aid to Agencies funding of \$307,000. This reduction was due to the Medicaid expansion and the Affordable Care Act covering a larger percentage of the agency's costs than in previous years.

In late December 2015, ADMHN, underwent a significant restructuring, including layoffs. On January 6, 2016, the Arapahoe County BoCC sent ADMHN a letter expressing concern about their financial status and the impact on delivery of mental health services in Arapahoe County. At that time, the BoCC requested that ADMHN provide a written summary of the steps they planned to take to ensure that the financial viability of their organization was maintained, including specific services to be provided pursuant to contracts with the County.

On January 12, 2016, the BoCC held a study session with ADMHN CEO, Joan DiMaria; CFO, Keith Larson; and COO, Sonia Jackson, with a few other staff members in attendance. The purpose of the study session was to update the BoCC about recent changes within ADMHN and their impacts upon services provided to Arapahoe County. During the study session, a financial overview of ADMHN was discussed. The issues were as follows: 1) receivables, which have been corrected, 2) Community Crisis Connection, LLC problem, which has been resolved with an agreement as to the amount of funds ADMHN will receive,

3) the risk corridor, with the State decreasing approximately \$200,000/month, and 4) the layoff of 61 employees to help with costs. The BoCC requested better communication be provided by ADMHN and to be kept informed on an annual basis.

On February 18, 2016, the BoCC received a letter from ADMHN expressing their willingness to provide their most recent financial reports indicating their business strength, and requesting that the BoCC consider continuing their relationship with Arapahoe County, and the support provided to ADMHN through the Aid to Agencies contract.

During late March and April, 2016, the Aid to Agencies Review Team received updated financial information and a revised Aid to Agencies application from ADMHN. The Review Team met a few times to analyze and discuss a recommendation to the BoCC.

Links to Align Arapahoe

By providing access to services needed to maintain safety and self-sufficiency, and improving the life situations for vulnerable populations, AllHealth Network's services link to the Align Arapahoe goals of Service First and Quality of Life.

Discussion

Per AllHealth Network's revised 2016 Aid to Agencies Funding application, the program goals and activities are to provide mental health and substance abuse services to Arapahoe County residents who are low income and uninsured or underinsured. They have reported serving 7,187 Arapahoe County residents in 2015. The attached revised 2016 Aid to Agencies Application from AllHealth Network specifically lists the program description and how the program is evaluated to ensure identified goals are met.

The Aid to Agencies Review Team has reviewed the revised application, updated financials, and other materials submitted and has concluded that AllHealth Network provides many services that cannot be duplicated by other agencies; and, to not provide the 2016 Aid to Agencies funding would be detrimental to the level of services that Arapahoe County citizens receive. AllHealth Network has been and is currently providing services to Arapahoe County citizens, though they haven't received any 2016 Aid to Agencies funding to date.

The Review Team would like to recommend proceeding with the 2016 Aid to Agencies funding for AllHealth Network at the approved 2016 full-year level of \$276,300, to be paid in monthly installments. Finally, due to the significant changes that have occurred within the AllHealth Network agency over the past few months, the funding should also be provided with a stipulation that requires quarterly financial and service performance reviews going forward.

Alternatives

Alternatives include:

1. Approving another funding arrangement that is acceptable to the BoCC.

Fiscal Impact

The 2016 Aid to Agencies funding amount of \$276,300 that was approved in October of 2015 is currently budgeted; and therefore, there is no additional fiscal impact.

Concurrence

The Aid to Agencies Review Team has discussed the alternatives and supports continuing with the original 2016 Aid to Agencies funding amount of \$276,300 for AllHealth Network, to be paid in monthly installments, with stipulations in place for a quarterly review of financial and service performance information.

Reviewed By:

Beverly Head, Executive Assistant, BoCC Administration
Diana Maes, Administration Manager, BoCC Administration
Linda Haley, Senior Resources Division Manager, Community Resources
Don Klemme, Director, Community Resources
Jessica Gapuzan, Performance Management Analyst, Human Services
Cheryl Ternes, Director, Human Services
Janet Kennedy, Director, Finance
John Christofferson, Deputy County Attorney



2016 Grant Application

Aid to Agencies Program

APPLICATION DEADLINE: JUNE 19, 2015
REVISED COMMENTS PROVIDED APRIL 12, 2016

SUBMIT APPLICATION TO: Arapahoe County Commissioners' Office
Beverly Head at bhead@arapahoegov.com, (for questions call 303.734.5459).
Note: All applications must be submitted electronically in PDF format.

PROGRAM SUMMARY The Aid to Agencies Program provides funding to public and non-profit organizations which provide necessary services that benefit the citizens of Arapahoe County. These programs are deemed necessary by the County though are not mandated by statute. The program grants are service level funding arrangements between Arapahoe County Government and a service provider. The Board of County Commissioners will determine the level of grant funding provided by Arapahoe County. This application is for a one-year period and must be resubmitted annually.

THIS REVISION HAS BEEN PROVIDED IN RESPONSE TO A REQUEST FROM THE BOARD OF COUNTY COMMISSIONERS SEEKING CLARIFICATION OF ARAPAHOE/DOUGLAS MENTAL HEALTH NETWORK'S IMPACT TO SERVICES PROVIDED TO ARAPAHOE COUNTY CITIZENS POST RE-STRUCTURING OF CERTAIN PROGRAMS AT THE END OF CALENDAR YEAR 2015 (OCCURRING AFTER THE SUBMITTAL OF THIS ORIGINAL APPLICATION)

PERFORMANCE AUDITS The Board of County Commissioners has directed the Finance Department to implement onsite audits of the agencies receiving County funds. Some agencies may expect a visit from a County accountant to verify the information in the annual performance audit. These audits should be expected to continue in future years.

Grant Agency Name: Arapahoe/Douglas Mental Health Network
(See Note on final page re: New Name in 2016!!)

Address: 155 Inverness Drive West, Suite 200

City Englewood State CO County Arapahoe Zip 80112

Phone 303-779-9676 Fax 303-889-4800 E-Mail mail@admhn.org

Grant Agency is Non-profit 501 (C) 501 (C) 3 Federal Identification Number 84-0472982

Grant Director David Livingston Phone 303-793-9626
Chief Executive Officer Joan DiMaria Phone 303-793-9616
(Or Authorizing Official)

Contact Name if different than above **David Livingston, 303-793-9626 (dlivings@admhn.org)**
Fiscal (accounting) Year of Agency **July-June** Name of Auditing Firm **Kundinger, Corder & Engle, PC**

Primary Program Recipients (General, Youth, Elderly, Etc.) **ADMHN serves people of all ages throughout the county who have a mental illness and/or substance use disorder.**

Primary Issue(s) **Mental health, substance use disorder, suicide prevention, early intervention, overall health services**

Did agency receive funds in 2015 from Arapahoe County? Yes No

If yes, total amount of grant received in 2015 **Two grants totaling \$350,500: \$307,000 for general services and the CIT Case Management Program, and \$43,500 for the mental health court.**

If agency received funding in the previous year, *and* is asking for an increase, please explain clearly to what purpose the additional funds would be used. **N/A**

Provide a copy of your most recent Financial Audit.

* For those organizations with a budget of \$20,000 and over, a copy of the most recent financial statements and audit must be included with the application. Those organizations with a total budget under \$20,000, must submit a record of income and expenses for the previous year.

Our most recent financial statements are for FY 2013-2014. The audit for FY 2014-2015 has been completed and provided to BOCC.

Be sure that each question is answered completely.

A. AGENCY REVENUE EXPENSE SUMMARY BUDGET*

Agency Revenue Sources		2014	2015	2016 Request
▪	Arapahoe County Aid to Agencies Program	\$307,000	\$307,000	\$276,300
▪	Medicaid	\$13,768,000	\$19,965,255	\$23,200,000
▪	Non-government sources (client fees, insurance)	\$6,640,000	\$7,268,322	\$10,800,000
▪	Pharmacy	\$3,348,000	\$3,558,682	\$4,350,000
▪	State of Colorado, Office of Behavioral Health	\$2,270,000	\$2,316,414	\$2,100,00
▪	Other government sources	\$2,000,000	\$1,780,000	\$2,500,000
▪	Donations	\$112,000	\$121,000	\$135,000
▪	Miscellaneous income	\$480,000	\$23,000	\$16,000
		\$28,925,000	\$35,339,673	\$41,308,000
		\$900,000	\$456,000	\$600,000
		\$29,825,000	\$35,795,673	\$41,908,000
				\$276,300
				1%
Requested Arapahoe County Contribution				
Arapahoe County Contribution as % of Total Projected Revenue				
Agency Expenses		2014	2015	2016 Projected
▪	Personnel	\$18,876,000	\$23,282,602	\$30,005,371
▪	Operating expense	\$4,280,000	\$2,297,988	\$2,400,000
▪	Psychiatric medications	\$2,058,000	\$2,946,790	\$3,100,000
▪	Occupancy	\$1,084,000	\$2,233,106	\$2,400,000
▪	In-Kind	\$900,000	\$456,000	\$600,000
▪	Depreciation and amortization	\$1,020,000	\$1,009,850	\$1,100,000
		\$28,218,000	\$32,226,336	\$39,605,371
		\$937,500	\$3,270,000	\$2,800,000
		\$29,155,100	\$35,496,336	\$42,405,371
		10.5%	10.8%	11.2%
		0.4%	0.4%	0.3%

The ADMHN budget is a July-June fiscal year, but reflects the Arapahoe County calendar year award.

The ADMHN 2016 budget is not yet final and will be finalized by July.

***NOTE TO AGENCY REVENUE AND EXPENSE PROJECTIONS:**

ALTHOUGH THE AGENCY'S 2015/2016 BUDGET HAS NOT BEEN FORMALLY REVISED, A LOWER THAN EXPECTED REVENUE PERIOD FROM JULY 1 TO NOVEMBER 30, 2015 PROMPTED MANAGEMENT TO REDUCE WORKFORCE IN THE MIDDLE OF DECEMBER 2015 BY APPROXIMATELY 50 STAFF. IN JULY OF 2015, WE WERE NOTICED OF A CLAWBACK TO OUR FY2016 NET MEDICAID PAYMENTS. THIS, COMBINED WITH LOWER THAN EXPECTED COMMERCIAL INSURANCE REVENUE AND NON-REIMBURSEMENT FOR OUR CRISIS STABILIZATION INVESTMENT ALL COMBINED TOWARDS THIS DIFFICULT DECISION. THE PERSONNEL EFFECTED WERE FROM ALL AREAS OF THE AGENCY INCLUDING ADMINISTRATIVE AND MANAGEMENT FUNCTIONS. TEAMS MOST IMPACTED WERE OUR CO-LOCATED INTEGRATED CARE TEAM AND A SELECT NUMBER OF OUR FORENSIC SERVICES PROVIDERS. LEAST IMPACTED WERE OUR CORE SERVICES IN OUTPATIENT TREATMENT AND ACUTE CARE.

A FINANCIAL STATEMENT FOR THE FIRST TWO MONTHS OF 2016 HAS BEEN PREVIOUSLY PROVIDED EXHIBITING A COURSE CORRECTION IN NET REVENUE WITH \$370K RETURN. INDICATIONS THAT THE REMAINDER OF THIS FISCAL YEAR (ENDING JUNE 30, 2016) WILL BE HEALTHY WHICH WILL PARTIALLY OFFSET THE LOSSES REALIZED FROM THE FIRST 6 MONTHS OF THIS FISCAL YEAR.

B. PROGRAM NARRATIVE

Please answer the following questions to help Arapahoe County learn more about your program or service. Responses in this section should be typed, single spaced, with double spacing between paragraphs. In the event that a question does not pertain to your program, please write "Not Applicable" as the response. Agencies with more than one program need to complete a separate narrative for each set of questions.

1. Briefly (in 150 words or less) provide a summary of your agency.

Arapahoe/Douglas Mental Health Network (ADMHN) is a private, non-profit provider of professional, confidential, quality mental health and substance abuse treatment services, and health care for children, adolescents, adults, and families. ADMHN has eleven facilities, of which nine are in Arapahoe County. We provide 24-hour emergency services, outpatient services for children and adults, case management, psychiatric medical services, victims services, socialization and recreational activities, vocational services, adult residential programs and an acute treatment unit, an in-house pharmacy, a primary care clinic for adult clients, and a Forensic Services Unit (formerly called the Criminal Justice Unit), which includes the CIT Case Management team that coordinates with law enforcement to respond to people with mental illness. We continue to treat former clients of the 18th Judicial Wellness Court as they transition to their new providers following discharge from that program and will supplement services for those with the highest needs. We are also continuing our focus on services for youth with mental illness in the justice programs provided through the Juvenile Assessment Center (in partnership at the new Family Resource Pavilion) and the Marvin Foote Center. Our comprehensive network of services allows us to be responsive to community needs with programs that have both considerable reach and depth.

2. Describe the organization's long-term goals, i.e., the organization's Mission/Vision/Values.

ADMHN's mission is to strengthen individual, family and community wellness by providing exceptional, compassionate, inclusive, responsive and integrated behavioral healthcare. Our values center around our commitment to providing accessible and responsive care that is recovery-based and client focused, to responding to community need, to fiscal and professional accountability, to cultural inclusiveness, and to the belief that behavioral health is health. The ADMHN Board of Directors and executive staff completed a strategic plan that governs our operating decisions. Its five operating priorities are as follows: Advancing organizational technology; Diversifying revenue

streams to reduce long-term dependence on Medicaid funding; Enhancing clinical excellence; Improving operations processing; and Enhancing the human resources function to keep pace with organizational growth.

3. List and describe the background of key personnel, briefly stating their credentials, institutional affiliation (if any) and, specifically, what role each will play in the program.

Executive Director and CEO, Joan DiMaria, MSN, CAC III

Yale University, New Haven, CT, 1974, MSN in Nursing, Clinical Specialty in Adult Psychiatric and Mental Health Nursing

Russell Sage College, Troy, NY, 1972, BS in Nursing

Registered Nurse in Colorado (1974 to present, currently inactive)

Clinical Specialist in Adult Psychiatric and Mental Health Nursing; Certified Addictions Counselor, Level III; Prescriptive Authority as an Advanced Practice Nurse

Appointed CEO in 2012, Joan has been on staff since 1989, and has worked in the mental health field since 1974. At ADMHN she has held both clinical and management positions. She is responsible to the Board of Directors for organization, development, management and strategic planning for the agency. She controls the \$40 million budget, oversees executive personnel, program planning, supervision and training of more than 400 staff, and directs ADMHN's collaborations with other private and governmental organizations.

Chief Medical Officer (CMO) -- R. Kaan Ozbayrak, MD

Yale University – Yale School of Management, MBA in Healthcare-focused Business Administration
Ege University, MD, Medicine

Joining ADMHN in January 2015, Dr. Ozbayrak received his medical degree in Turkey and then moved to Massachusetts where he spent the first two decades of his career and is board certified in both Adult and Child/Adolescent Psychiatry. He most recently served as the Chief Medical Officer for Southwest Behavioral Health Services in Phoenix, AZ, a \$55Million behavioral health non-profit with 100 service locations and 700 employees. He shares ADMHN's vision for moving more aggressively toward integrated health care, believes in providing clinical excellence, and has extensive experience in driving quality improvement.

Division Director, Adult Services Jennifer Bock, MA, LPC

Illinois School of Professional Psychology, Chicago, IL, 1999, MA in Clinical Psychology

Michigan State University, East Lansing, MI, 1996, BA in Psychology

Licensed Professional Counselor

Jennifer was on staff at ADMHN as a supervisor and manager from 2004 to 2013, and then worked at Colorado Access. She returned to ADMHN in 2014 as director of adult services, and has over fifteen years of professional experience. She is responsible for the planning, implementing, coordinating, monitoring, supervising and managing all clinical programming for adult services.

Division Director, Child and Family Services, Laurie Elliott, BSW, MSW, LCSW

University of Denver, Denver, CO, 1991 MS in Social Work

Sioux Falls College, Sioux Falls, SD, 1984, BA in Social Work

Licensed Clinical Social Worker

Employed at ADMHN since 1998, Laurie was appointed clinical director in 2003. She has worked in the mental health field since 1983. She is responsible for the planning, implementing, coordinating, monitoring, supervising, and managing of all clinical programming in the Child & Family Services division at ADMHN.

Deputy Director Barbara Becker, JD, PhD, LPC

University of Denver, Denver, CO, 1993 , Doctor of Psychology

University of Denver, Denver, CO, 1991, MA in Psychology

University of Denver, Denver, CO, 1987, Juris Doctor

Denver Paralegal Institute, Denver, CO, 1981, Paralegal Certificate

University of Santa Clara, Santa Clara, CA, 1979, MA, Counseling Psychology

Lewis and Clark College, Portland, OR, 1975 BA cum laude, Sociology

Dr. Becker joined the ADMHN staff in 2005 as a clinical manager with several prior years of professional experience in the field, and in 2013 was appointed Division Director of Community Programs and Integrated Care. In 2015, she became Division Director of Strategic Programming and Public Policy and moved to Deputy Director in early 2016. She spearheads ADMHN's work in integrated care, public policy, and suicide prevention, and plays a central role in our community-based programs.

Division Director, Forensic Services, Linda Martin LPC, CACII

University of Colorado at Denver, 2008, MA n Counseling Psychology, Counselor Education

University of Colorado at Denver, 2004, BA in Psychology

Wichita State University, 1989, AA Paralegal Studies

Linda joined the ADMHN staff as the Forensic Team Supervisor in 2012 with six years of prior experience in the field. Promoted to Manager in 2013 and to Division Director in 2015 Linda is responsible for ADMHN Forensic Services programming. She sits on the board of our NAMI Arapahoe/Douglas affiliate; The 18th Judicial Community Corrections Board; as well as the Steering Committees for the Juvenile Services Planning Commission; CIT and the 18th Judicial Wellness Court.

Chief Technology Officer, Kevin Kirkwood

BS, University of Phoenix

A technology executive with more than 25 years of experience in delivering results for large, international companies, and the strategy of Care Delivery operations and architectures in the healthcare industry, Mr. Kirkwood is resetting ADMHN's technology foundation through implementing a new infrastructure. This includes replacing the agency's Electronic Health Record (EHR) and moving onto a new Human Resources Information System and Financial system.

Chief Finance Officer, Keith Larson

University of Wisconsin – BSIE, Industrial & Systems Engineering

Iowa State University – Master's, Industrial and Systems Engineering

International Management Institute, Geneva- International Business Certificate

Appointed CFO at ADMHN in July of 2016, Keith has worked in finance, management and business leadership roles for 35+ years. Keith is responsible for all financial strategic planning and day to day financial management for ADMHN

Director of Nursing, Judith McDonough, MSN, RN, CNS

University of Arizona, Tucson, AZ, MS in Nursing; Psychiatric/Mental Health Specialization
St. Olaf College, Northfield, MN, BS in Nursing
Sigma Theta Tau Nursing Honor Society

Judith joined the ADMHN staff in 2012. She is a Registered Nurse with 35 years of experience, including significant experience with people with mental illness. She supervises all ADMHN nurses, and works with the medical director to oversee and manage the flow and processes of all ADMHN medication clinics.

- 4. Describe the program goals and activities for which you are applying for funds.** *Outline the goals, timetable, format(s), and schedule. Identify how this addresses the needs identified above. Identify specific population demographics. Include as much detail as is necessary to give the Board of County Commissioners a thorough picture of what the program intends to do as well as when and how the program is conducted/implemented.*

Arapahoe County Aid to Agencies funds will continue to be used to provide mental health and substance abuse services to Arapahoe County residents who are low income and uninsured or underinsured. We have reported serving 7,187 Arapahoe County residents in 2015. (See Attachment A – “Clients Served During Contract Period – 2015”)

In 2014, we served 5,959 Arapahoe County residents of whom 10% were children, 16% adolescents, 62% adults and 11% older adults. Racial and ethnic breakdowns mirror those of the county as a whole.

Of these 5,959 Arapahoe County residents served in 2014, 3,643 (about 61%) had targeted status indicating the presence of severe, or severe and persistent mental illness in adults, the elderly, and serious emotional disturbance in children and adolescents. In 2014, about 12% of Arapahoe County clients were low income, uninsured or under insured, and 42% have Medicaid. (Numbers are updated in Attachment A – “Clients Served During Contract Period – 2015”)

ADMHN continues to offer timely and appropriate responses to community needs by collaborating with the Department of Human Services, school districts, law enforcement, Tri-County Health and other agencies. ADMHN has a strong disaster response team, and we are a part of the Colorado Crisis Education and Response Network, which coordinates agency response to community emergencies and conducts disaster planning exercises. This past year, we continued to be very responsive to Arapahoe High School and the Littleton School District at large to continue to support them in their recovery process following the December 2013 Arapahoe High School shooting. Recognizing that issues of mental illness and substance abuse affect not only individual clients, but also their families, neighbors, schools and work places, and often entire communities, ADMHN seeks to be an integral part of the community support network. We provide crisis counseling in response to major

community tragedies, and less public events -- such as the sudden death of individuals who died by suicide -- by reaching out to their schools and places of employment.

Through our Community Education Program we will continue to offer classes, mental health screening and education at three 9 Health Fairs, at resource fairs in all of our area school districts and South Suburban Park and Recreation. We will continue to offer Mental Health First Aid training throughout the community to individuals, businesses and other agencies.

We continue to join other agencies in supporting the Family Resource Pavilion in Arapahoe County. The opening was held April 7, 2016. ADMHN has an office that is staffed by two behavioral health specialists providing counseling and case management at the Family Resource Pavilion.

We have currently suspended our Senior Reach community outreach and service coordination program although we continue to maintain an older adult outpatient team providing services to elderly Arapahoe County clients.

Arapahoe County Aid to Agencies funds will also be used to support ADMHN's CIT Case Management Program, which collaborates with the Sheriff's Office and all local police departments in the county. CIT trained officers in these agencies make referrals to ADMHN's CIT case managers who reach out to the individual and offer follow-up support and linkage to community mental health, medical, food/clothing and emergency services.

5. Explain how the program is evaluated to ensure identified goals are met.

ADMHN's internal evaluation includes monthly review by our Quality Improvement and the Access/Client Flow committees. In addition, the Board of Directors annually reviews our quality improvement plan. ADMHN is audited annually by several external agencies, including the Colorado Division of Mental Health, Colorado Alcohol and Drug Abuse Division, a federally-contracted external quality review organization, Behavioral Healthcare Inc. (our managed service organization for the Medicaid contract), and several other federal, state and local agencies. These audits measure our compliance with the wide range of regulations and standards which ADMHN must meet. External evaluations also include annual client satisfaction surveys by our behavioral health organization; and the State of Colorado annually surveys agencies which interact or do business with ADMHN in order to determine satisfaction with many issues, including access to services.

We use a wide variety of clinical outcome measurement tools for tracking individual consumer progress or program effectiveness, and ADMHN staff select those that are most appropriate to clients or programs being assessed. The range of outcome measurements includes the Colorado Clinical Assessment Record, Global Assessment of Functioning, Basis, CAFAS, and others.

ADMHN uses many evidence-based practices – innovative and effective treatment modalities that are research-based, nationally recognized, and grounded in outcomes. Examples programs are:

Eye Movement Desensitization Reprocessing (EMDR)

Individualized Placement and Support (IPS)

Assertive Community Treatment (ACT)

Integrated Dual Diagnosis Treatment (IDDT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
Adolescent Community Reinforcement Approach (ACRA)

ADMHN continually strives to improve programs, and to introduce new practices that have been shown to be effective. All evaluation data – outcomes measurements, and efficiency and utilization of resources – are used in making such program decisions. Our staff program evaluator is developing a formal evaluation system to ensure the efficacy of our services

6. Describe recent program accomplishments. *If this program was in existence last year, did you meet your goals? Please explain why or why not. If this is a new program, describe how your organization has met other goals in the past.*

In calendar year 2014, ADMHN provided 178,701 services to 5,959 Arapahoe County residents, including a full range of individual, family and group therapies, case management, psychiatric and medication services, housing, and vocational services. Of these, over 3,000 services were for indigent clients and another 21,400 services were for individuals with low incomes, over 9,000 were funded by government programs such as VALE or probation, over 10,000 were paid by Medicare and nearly 94,000 were Medicaid funded. (Numbers are updated in Attachment A – “Clients Served During Contract Period – 2015”)

To date in FY 14-15 the CIT Case Management Program received and responded to 929 referrals from law enforcement in Arapahoe and Douglas County. The number reported in Attachment A for 2015 of 150 are only those referrals that resulted in an intake of that client. Our CIT Case Management Program continues to be a signature program at ADMHN. Six times per year, our agency facilitates 8 hours of training during officers initial 40 hour CIT training; hosting the site visit component of this training. Officers repeatedly offer feedback that this site visit day is some of the most impactful training from the week. We collaborate with law enforcement officers from Arapahoe and Douglas County Sheriff Department, both with patrol and corrections officers working inside the two jail facilities. Additionally we collaborate with police officers from the Cities of Parker, Littleton, Lone Tree, Englewood, Sheridan and Greenwood Village. Our two CIT case managers attend roll call meetings each month with our partnered agency to maintain good relationships and to provide education and assistance. They do shift ride-alongs with officers; outreach and meet clients in the community and go with police to meet with repeat clients who may need assistance. The quarterly CIT Steering Committee meetings take place at our Inverness offices.

In 2013, ADMHN established new operating procedures to increase access to services. We now offer walk-in, same-day intakes at all our facilities in Arapahoe County, and extended operating hours to offer evening and weekend appointments. To do this we realigned staff schedules and changed staffing patterns, adapted our medical records and scheduling system to allow backfilling of appointment times, acquired the technology and changed staff structure to rapidly verify insurance/Medicaid and other eligibility, and made modifications to our waiting rooms and check-in areas. While scheduled intakes are still available, same-day walk-in access means that clients can be seen at the time when they make the decision to seek treatment.

This past year, ADMHN also joined with five other non-profit behavioral health agencies in metro Denver and Boulder to form Community Crisis Connection (CCC) – part of the statewide crisis

stabilization system created by the Colorado state legislature for the purposes of establishing and enhancing existing services and developing new services to make care readily accessible. On 12/1/14, we opened our doors for crisis walk-in and stabilization services at our south Santa Fe campus right next door to our acute treatment unit. There are four levels of care at our Acute Center Campus, which consists of a Walk-In Center that operates 24/7/365, a Crisis Stabilization Unit with beds where individuals receive intensive crisis services, Acute Treatment for inpatient care, as well as a Mobile Crisis Team. In October of 2015, we combined the Crisis Stabilization Unit beds with our Acute Care facility at the Bridge House facility. The Walk-In center and mobile crisis team continue to operate 24/7/365.

Beginning on June 1, 2015, ADMHN introduced clients to a new appointment-scheduling system called Open Access – a process that allows us to better serve and accommodate psychiatric medication management visits and meet client needs. Open Access is a simple process: upon the completion of a visit, ADMHN physicians will present the client with a card that lists the date he/she needs to call for the next appointment. When a client calls in, they will be scheduled within the following 3 days of their medical provider’s availability. Open Access does allow for exceptions; those clients that do require exceptions will be provided additional options by their medical provider. It has been shown to be very effective because it eliminates waiting lists and delays. It keeps patients out of emergency rooms, and increases patient satisfaction as well as the timeliness of care, and is designed to ensure that clients’ medication needs are covered until their next appointment.

Research shows that integrating medical and behavioral health care leads to improved outcomes for patients/clients, and integrated care has been an initiative at ADMHN for several years. Our integrated care collaborations are described later on in this application. In 2010, we opened a primary care clinic in our Adult Outpatient facility in Littleton. This clinic serves clients who would otherwise have great difficulty accessing services in a traditional setting. In May, 2014, ADMHN and MCPN (Metro Community Provider Network) opened a medical clinic inside our ADMHN Child & Family Service facility in Littleton to serve children and adolescents. This clinic serves children and families on site and provides well visit checks, immunizations, sports physicals in addition to attending to sick children. ADMHN has staff located at 2 MCPN locations, Doctor’s Care. Many of our co-located primary care/behavioral health integration partnerships (7 in all) were discontinued in December of 2015. Many of the referred clients from these partnerships continue to be clients and we continue to maintain an outpatient team providing services to publically and commercially insured Arapahoe County clients.

ADMHN is a member of the Colorado Crisis Education and Response Network, which coordinates agency response to community emergencies. This includes fires, floods, and tornadoes, as well as violence. ADMHN has continued to work with school district staff and specifically Arapahoe High School. We participated as a community partner with Littleton Adventist Hospital, Littleton Public Schools, and community members to provide a community-wide resiliency event in addition to the individual and ongoing family crisis counseling for those affected by the December 2013 shooting at Arapahoe High School.

7. This service will alleviate clients' emergency:

<i>Health issues</i>	<i>Yes</i>
<i>Housing issues</i>	<i>No*</i>
<i>Safety issues</i>	<i>No*</i>
<i>Nutrition/food issues</i>	<i>No*</i>

If you marked yes, will funds received increase the number of people being served? Please indicate the percentage increase or the number of additional people served.

For over 15 years, ADMHN has operated a 24/7 emergency response to people who have a mental health emergency. Aid to Agencies funds will likely not increase the number of people served through crisis response, but will help support this function.

*Although these are not primary focus areas, we do address all of these issues in our care management teams (see #2 under Section 14 below) and on our ACC campus.

8. What exact geographic area of Arapahoe County does the program serve? In addition, please give a percentage and/or number of Arapahoe County citizens served last year.

In 2014, ADMHN served 5,959 Arapahoe County residents – 20% more than 2013. About 61% of Arapahoe County clients in 2014 had targeted status – defined as children/adolescents with serious emotional disturbance (SED); adults with serious mental illness (SMI) or serious and persistent mental illness (SPMI), and elderly with serious mental illness (SMI) or serious and persistent mental illness (SPMI). About 12% of Arapahoe County clients are adults who have no insurance, have some funding through other programs such as VALE, or have Medicare – which provides such extremely limited mental health funding that we must use indigent funding to supplement. (In comparison, in 2014 ADMHN served 4,567 clients who were residents of Douglas County.)

ADMHN accepts clients from throughout the county who have Medicaid, Medicare, private insurance, managed care, who pay privately, or who qualify for any of a number of state programs and contracts. As a designated Community Mental Health Center, ADMHN is responsible for indigent clients in all of Arapahoe County, excluding areas within the city limits of Aurora.

9. Are services free or provided on a sliding scale? Please describe the pay structure.

Yes. The ADMHN sliding fee scale is based on the HUD poverty scale for the Denver metropolitan area and prorates discounts off of the standard fees based on income levels and number of dependents. Proof of income is required to determine eligibility. ADMHN receives state funds through the Office of Behavioral Health that are designated to provide services to indigent clients in our service area, which consists of Arapahoe and Douglas counties minus the City of Aurora. Indigent funds are primarily designated for individuals with targeted status. ADMHN's indigent services are supported by Aid to Agencies funds from Arapahoe County, an annual award from Douglas County, and State funds for substance abuse treatment are received through Signal Behavioral Health. We also receive funding from other government agencies/sources, the Victims Assistance Law Enforcement program (VALE), departments of human services, and several criminal justice sources. Services through these sources are either free or provided on by sliding fee scale. ADMHN designates

all fund raising revenue to subsidizing services for people with low incomes who are uninsured or underinsured, using the sliding fee scale and proof of income.

10. **Describe the community assessment or information gathering process to determine the need for this program.** *Describe the specific topics and issues identified.* ADMHN uses a variety of information from many sources to plan programs and services. For example, population-in-need estimates from the Colorado Division of Mental Health look at the subset of people with the greatest mental health needs – low-income people with Severe Emotional Disturbance/Severe Mental Illness (SED/SMI). The most recent (2009) Population in Need study reported 6,534 people in Arapahoe County, outside of Aurora, who have a serious or severe mental illness, and whose household incomes are less than 300% of poverty level. While our services are tailored to the needs presented by clients who come to us, specific programs and new services are often developed in response to requests from Tri County Health, Arapahoe County Human Services, and other agencies that refer clients to ADMHN. Our Forensic Services team (formerly known as our Criminal Justice Unit), which includes the CIT Case Management Program, was developed in response to reports from the criminal justice system of high numbers of people with mental illness in the system, and studies such as the GAINS Report commissioned by the Metro Area County Commissioners in 2007. A new program working with clients coming out of prison was developed in response to a request from the Colorado Division of Housing, and is operated in partnership with that agency. Our integrated care efforts, which include therapists co-located in area schools, and our primary care clinic, were developed in response to national level research findings, corroborated by a survey of need among our own clients. We work closely with NAMI, EMPOWER, and other advocacy groups to seek input from clients and their families so that our services can best meet their needs.

11. **Describe how the agency works with other agencies or governments to provide services.** *How do you work with other organizations to ensure that there will be no duplication of services?* Throughout its history, ADMHN has worked cooperatively with both private and public organizations. Our call center is equipped with a comprehensive list of resources and referrals for services outside of our expertise. ADMHN continues to support joint ventures, affiliations, and outreach to the community, each intended to enhance our ability to serve community members who are in need of mental healthcare services. For example:

ADMHN's state-wide commitment to be a trauma-informed center of care is ongoing. In addition to reviewing our internal practices and training our staff, we have partnered with Aurora Mental Health Center to offer trauma-informed care training to Arapahoe County Department of Human Services staff, and to other agencies in the county. In collaboration with Aurora Mental Health Center and Arapahoe County Department of Human Services, we provide four trauma-informed care trainings per year. These two-day trainings are for ACDHS staff, 18th Judicial District staff and Douglas County Human Services staff.

Additionally, our Early Childhood Program conducts outreach to area preschools and day care centers to screen children and offer resources for their programs. ADMHN, Aurora Mental Health Center and Jefferson Center for Mental Health, and the Arapahoe County and Jefferson County Departments of

Human Services, collaborate in a project to provide mental health services to adoptive/foster care families.

ADMHN is a member of the South Metro Health Alliance (SMHA), which includes Doctors Care, Kids in Need of Dentistry, Arapahoe Community College, and several other agencies. SMHA works to eliminate health care disparities, and develop a community based case management program. ADMHN continues to participate in MHFA and hired one of SMHA's key personnel to oversee the administration of MHFA. Eight years ago, ADMHN joined with other community partners to create the Douglas County Suicide Prevention Alliance. Partners from Arapahoe County have since joined to form the Douglas Arapahoe Suicide Prevention Alliance. We are also members of the Suicide Prevention Coalition of Colorado and have a representative on the Governor's Commission on Suicide Prevention.

In addition, ADMHN secured two grants from the Colorado Office of Suicide Prevention to further its work. The first grant funded training for ADMHN staff to become certified instructors in QPR (Question, Persuade, Refer – an emergency response to someone in crisis that anyone can learn to help prevent suicide). Because research shows that up to 45% of individuals who die by suicide have visited their primary care provider within a month of their death, these ADMHN instructors are now training physicians and staff in area medical practices in QPR and establishing referral channels to ADMHN.

The second grant began in July 2014. Two staff were trained as trainers in AMSR (Assessing and Managing Suicide Risk) and several staff were trained as trainers in CALM (Counseling on Access to Lethal Means). These trainings have been offered to our staff, and we are partnering with hospitals and other providers to bring these trainings to them.

Our Forensic Services team is an integrated team of case managers and therapist working in the following programs: CIT; Assertive Community Treatment (ACT); Jail Based Behavioral Health Services (in Douglas County Only); Community Re-Entry case management (Douglas County only); the Juvenile Assessment Center (JAC) and Marvin W. Foote Detention Center and Outpatient Dual-Diagnosis groups. Our agency conducts debriefings for juries when requested by the 18th Judicial District.

Our CIT Team is responsible for the coordination of all services that clients receive after referral from a CIT law enforcement officer. They assess the immediate needs of the individual (housing, food, medications, psychiatric services, medical issues etc.) with the goal of crisis stabilization; link citizens to appropriate mental health, substance abuse, and medical providers; engage in outreach to follow-up on crisis intervention as needed.

ADMHN provides two masters level clinicians at the Juvenile Assessment Center (JAC) which believes in a "no wrong door" approach and accepts referrals from parents, schools, human services, judicial services, law enforcement agencies, and other community programs. The assessment process identifies strengths and needs and pinpoints key areas for intervention.

At the Marvin W. Foote Detention Center ADMHN two clinicians on-site at the detention facility by provide emergency mental health evaluations and coordination of hospitalization with ADMHN Emergency Services department; providing crisis intervention and brief therapy to individuals and

families as appropriate; conducting risk assessments for youth who may be at imminent risk for suicide; and leading groups for youth.

The JBBS program supports Douglas County Sheriffs at this time only. We continue to work with Aurora Mental Health on referrals from their presence at Arapahoe County Jail and welcome the clients more appropriate for our geographic locations.

Our Jail Re-Entry team (at Douglas County Jail) work for the successful transition of offenders back into the community; without their reoffending. Similarly to our role in JBBS above, we are available to Aurora Mental Health Center on referrals from their presence at Arapahoe County Jail and welcome the clients more appropriate for our geographic locations.

Our ACT (Assertive Community Treatment) team provides services to individuals who are transitioning from prison or state hospitals into the community, as well as other ADMHN clients who require this intensive level of case management. ACT works to meet the client's basic criminogenic needs, improve their functioning, and facilitate successful community reintegration by offering the following services: case management; assistance in obtaining stable housing; clinician supported psychiatric/medication appointments; individual therapy; groups; drug/alcohol treatment life skills; linkage to community resources; transportation; parole/probation liaison.

In the last fiscal year; ADMHN Forensic Services has added outpatient therapy at our Prince Street facility to provide a continuum of group therapy options (OP, EOP, and IOP) for clients transitioning to the community from a jail based team. We hope to add case management services to this offering over the next year.

Additionally, ADMHN has provided an on-site therapist in the school-based health clinic in Englewood High School and provides psychiatric time at the Sheridan School-based Health Clinic. ADMHN also collaborates with all school districts and with the county Department of Human Services in providing services to area families. ADMHN staff sit on the following committees: Early Childhood Council, Adult and Child Protection Boards, Student Attendance Review Boards for Englewood, Littleton and Cherry Creek, Greater Littleton Youth Initiative, Certification Review Board of the Arapahoe County DHS Foster/Adopt Collaborative, Juvenile Services Board, Arapahoe County Multi Disciplinary Team, Tri-County CHP+ managed care collaborative, LINKS program at Arapahoe County DHS, Community Corrections Board. ADMHN collaborates with Littleton School District to provide Functional Family Therapy, which is an evidence-based practice, to district families.

ADMHN, Arapahoe House, and Developmental Pathways are partners in the Community Development Housing Association (CHDA). CHDA owns four apartment buildings in Arapahoe County that provide affordable housing to consumers of services of those agencies, as well as to the general public, as integrated, supportive housing projects.

ADMHN is a placement site for psychiatric residents from the University of Colorado Medical School. In addition, our internship program offers formal, nine-month clinical internship placements for students at Denver area colleges and universities who are enrolled in Bachelors, Masters, and doctoral programs.

ADMHN has a contract with Colorado Division of Vocational Rehabilitation (DVR). Through that partnership, individuals that want to go back to work and receive services at the mental health center can participate in employment services. ADMHN employment specialists provide services such as teaching employment skills, helping to develop jobs in the community, on the job training and work adjustment training. ADMHN uses the Individualized Placement and Support model of evidenced based practice to ensure that individuals that want to work get the opportunity to go back to work in a job that best suits their interests and skills. Department of Vocational Rehabilitation Counselors partner with our employment specialists to provide additional financial resources to help them over-come barriers that may interfere with going back to work i.e. clothing for interviews or a bus pass to get to work .

12. Explain how the community will be involved in the program and describe any special group the program will reach. Do you use volunteers? If so, how are they utilized?

ADMHN is governed by a Board of Directors, comprising volunteers from the community. Staff and administration work collaboratively in various areas with community advocacy groups such as NAMI, EMPOWER, and the South Metro Health Alliance, and with many other non-profits such as Greater Littleton Youth Initiative, Yellow Ribbon, and Doctors Care, and with the agencies listed in Question 8 below. In addition, ADMHN provides office and meeting space for NAMI Arapahoe/Douglas and for SMHA.

ADMHN has a number of programs designed for special groups, including older children and teens; children in foster care; older adults; victims of crime; foster children; adults with severe and persistent mental illness; offender populations, county detention center inmates, community corrections center inmates and those contacted by CIT officers; and adults and adolescents with a dual diagnosis of mental illness and substance abuse. Several of these programs utilize nationally recognized evidence based practices.

The wide range of outpatient services offered by ADMHN have been planned utilizing best practices, and adopted and implemented by staff in response to the needs that we see in our community, and in many cases, in response to requests or input from other agencies, including the Colorado Division of Behavioral Health.

ADMHN does use a limited number of volunteers, mostly in non-clinical settings due to liability and HIPAA requirements. We have a full internship program that provides training to students in Masters programs in colleges and universities in the metro area, and accepts medical residents in psychiatry.

13. What strategies does your organization have towards self-sufficiency?

Diversifying revenue streams is one of the five operating priorities of ADMHN's strategic plan. ADMHN's total revenue of \$36 million in FY 2014-2015 comes from a variety of sources – such as private insurance and pharmacy business – that give the agency a greater degree of financial stability and independence. We continually seek out new sources of funding from public and private sources. As exemplified by our work in suicide prevention, ADMHN staff participates in a wide variety of community partnerships and collaborations that promote the general good health and welfare of the communities we serve. There is no fund source for most of these activities, and we must rely upon the cities and counties that we serve for support. As the designated Community Mental Health

Center for Arapahoe County (minus the city of Aurora), ADMHN operates as one of the social safety nets that are so necessary in caring for the citizens of Arapahoe County who cannot care for themselves. By treating people with severe and persistent mental illness ADMHN manages a population of people who would otherwise require increased attention from law enforcement, criminal justice, medical providers and agencies that serve the homeless. Therefore, we continue to request funds from the county, and from the municipalities that we serve, and hope that you continue to join our efforts in the joint responsibility of providing safety net mental health services for this vulnerable population.

14. Provide any additional information that is pertinent to this application.

ADMHN receives funds from several sources that limit delivery of services or use of funds for specific services to specific populations. This is particularly true in regard to Medicaid funds, which represent a large percentage of ADMHN's annual revenue. ADMHN continues to adjust with the addition of the Affordable Care Act. Many of our clients who we used to count under indigent funding obtained Medicaid while we were working with them. As a result, our percentage of indigent clients is nearly half of what it was a year ago. As all the agencies under the department of human services, we're attempting to address this in our upcoming budget. Many individuals and families who seek mental health services do not have a funding source for their healthcare, or for their mental health needs. Therefore, in an effort to respond to as many requests for services as possible, ADMHN pursues additional sources of funding. We continue to work on how to identify and serve uninsured and underinsured clients.

Additional information as of April, 2016:

- 1) As part of our final year report to describe current services provided by Arapahoe Mental Health Network, please also refer to Attachment B – “Program Update as of April 11, 2016”- some notable service descriptions are also included below:
- 2) In the Fall of 2015, Arapahoe/Douglas Mental Health Network restructured our **Care Management Team** approach with a multidisciplinary focus on collaborating with behavioral health stabilization for children, adolescents and adults who meet criteria for being identified as high risk and/or high utilizers of behavioral health and physical health services. In a coordinated effort, the Care Team provides an intensive level of therapeutic and supportive services that includes community based interventions, brief therapeutic interventions, medical care coordination and case management. The team works together to provide services in a variety of locations; client's homes, outpatient settings, community agencies, etc. Essential resources and barriers are addressed during this process to ensure a successful transition back to lower levels of care.
- 3) A program not previously mentioned that we are proud to provide is **Smart-Girl/Smart-Guy** –a social emotional development program that utilizes evidence-based best practices to teach boys and girls, through a variety of experiential learning techniques, skills in teamwork, communication, self-esteem, problem solving, self-confidence, emotional control, media literacy, healthy relationships, bullying and cyberbullying prevention, gender stereotyping, and stress management. Smart-Girl/Smart-Guy is

designed to be led by high school junior and seniors for middle school students but has been adapted to work with youth from 4th grade to high school seniors.

- 4) Only briefly touched on previously and deserving of more recognition is our **Center Point** Program - promoting ongoing recovery through the provision of advocacy, empowerment and social skill building. The program provides an outlet for ongoing support and the development and maintenance of healthy relationships that contributes to an individual's recovery and wellbeing. Information and referrals are provided for internal and external resources to support an individual's recovery. Individuals and their support system may drop in for resources, one on one, group services, peer counseling and other activities that promote the development of skills and participation in a safe community environment. The kitchen lead coordinates the daily lunch program. This includes; teaching culinary skills to Center Point Members, developing a monthly lunch menu within the budget, grocery shopping completion of daily deposits.
- 5) Finally, and only announced last Friday, April 8th- Arapahoe Douglas Mental Health Network has launched its new name: **AllHealth Network**. The new name is a reflection of our focus on whole health when serving our clients, not just their behavioral health, and is intended to minimize the stigma that has been commonly associated with our community mental health center name. It is our belief that we should be a resource for all of our citizens in Arapahoe (and Douglas) County and this name change will provide greater accessibility.



Board Summary Report

Date: 4/21/2016

To: Board of County Commissioners

Through: Shannon Carter, Open Space Director

From: Glen Poole, Open Space Operations Manager

Subject: Select Source Waiver of Purchasing Policies
(Arapahoe County Fair Carnival Services Vendor)

Request and Recommendation

Request the Board of County Commissioners to authorize the Chair to sign a Select Source Waiver of Purchasing Policy authorizing Fairgrounds staff to establish a one year contract with Crabtree Amusements to provide carnival services at the 2016 Arapahoe County Fair. Contract subject to approval as to the form of the agreement by the County Attorney's Office.

Background

The Arapahoe County Fairgrounds opened in July of 2006. The Fairgrounds issued a solicitation for carnival services to support the 2006 Arapahoe County Fair. Since 2006, Crabtree Amusements has been the sole respondent to the carnival services solicitations issued by the County. Crabtree Amusements was awarded each successive contract. Crabtree Amusements has provided well maintained rides and a variety of food / game vendors. Carnival services are a key component to providing a mix of family entertainment at the annual county Fair. The current contract for carnival services expired in April of 2016. Fairgrounds Operations staff would like to establish a one year contract with Crabtree Amusements and will issue a new competitive solicitation for carnival services in 2017.

Links to Align Arapahoe

The proposed Select Source Purchasing Waiver will support the following Align Arapahoe outcomes:
Quality of Life: The Waiver will allow Fairgrounds staff to utilize the County Fair's historic carnival services vendor who provides quality family friendly entertainment.

Fiscal Responsibilities: Crabtree Amusements provides equitable revenue sharing with the County and is one of the largest sources of revenue supporting the annual Fair budget.

Discussion

Crabtree Amusements has provided Arapahoe County Fair carnival services since 2006. The vendor brings quality equipment, good customer service and has been willing to negotiate equitable revenue sharing to support the annual County Fair. The Open Space Operations Manager and Purchasing staff recently completed a survey of Front Range County Fair carnival providers (see table below). As noted in the survey results whether the carnival services were competitively solicited or the services were selected through other methods Crabtree Amusements is the primary provider of carnival services along the Front

Range of Colorado. Fairgrounds staff is seeking a one year contract with Crabtree Amusements to support the 2016 Fair. This one year agreement would allow Fairgrounds and Purchasing staff to work toward the development of a new solicitation process to potentially expand the competitive nature of the marketplace and to also potentially seek out a longer term arrangement with the Fair’s next carnival provider. This process would be implemented in late 2016 to establish the next contract to support the 2017 Fair.

2016 Front Range County Carnival Services

County	Staff Contact	Carnival Vendor	Selection Process	Additional Notes
Adams County	Jennifer Tierney	Crabtree Amusements	Competitive	
Boulder County	Laura (Non-Profit)	Crabtree Amusements	Not Competitive	
Douglas County	Jonna Pemberton	Crabtree Amusements	Competitive	
El Paso County	Ken Lavey	Crabtree Amusements	Competitive	
Jefferson County	Dexter Foxworth	No Carnival (2016 Fair)	N/A	Carnival by non-profit in past
Larimer County	Sarah Brighton	Carnival Americana	Not Competitive	Same vendor for last 10 years
CO State Fair	Andrew Wiseman	Crabtree Amusements	Not Competitive	Long standing relationship

Alternatives

1. Approve the Purchasing Waiver as submitted: This alternative would allow Fairgrounds staff to establish a one year contract with Crabtree Amusements covering the 2016 Fair.
2. Approve the Purchasing Waiver with extended terms: This alternative would allow Fairgrounds staff to establish a contract with Crabtree Amusements for the 2016 Fair and set up options for a limited amount of contract renewals with County staff negotiating annual contract scope and pricing.
3. Deny the request for a Purchasing Waiver: The Board could request the contract be competitively bid through a standard County RFP process. This alternative would require a larger effort of County staff time and will likely end up selecting the same carnival services vendor.
4. Take no action: This alternative would result in a reduced level of family entertainment as there would be no carnival services available for Fairgoers at the 2016 Fair.

Fiscal Impact

Crabtree Amusements provides three sources of revenue at the annual Arapahoe County Fair: arm band sales, food vendor sales and midway game sales. The Arapahoe County fair Fund received a total of approximately \$185,000 dollars in revenue from Crabtree Amusements. The carnival provider is responsible for all of their internal operating costs from their share of the total carnival revenue.

Concurrence

The Purchasing Department supports Select Source Waiver of Purchasing Policies to establish a one year contract with Crabtree Amusements.

Attorney Comments

TBD

Reviewed By:

Glen Poole, Open Space Operations Manager

Shannon Carter, Open Space Director

Keith Ashby, County Purchasing Manager

Tiffanie Bleau, Sr. Assistant County Attorney



ARAPAHOE COUNTY
COLORADO'S FIRST

WAIVER OF PURCHASING POLICIES

WAIVER OF SOLICITATION <input type="checkbox"/>	WAIVER OF QUOTE <input type="checkbox"/>
PROPRIETARY <input type="checkbox"/>	SELECT SOURCE <input checked="" type="checkbox"/> FOR INFORMATION ONLY <input type="checkbox"/>

DESCRIPTION OF PROJECT: Carnival Services, 2016 Arapahoe County Fair

PRICE: Revenue Contract (\$145,000 dollars) ANNUAL MAINTENANCE: N/A

FIXED ASSET Yes No FIXED ASSET #

COST CENTER # G/L # IO #

JUSTIFICATION (Provide Vendor name, how were they selected, why requesting to waive purchasing policy process):

In 2012, RFP 12-07 was issued to solicit carnival services to support the annual Arapahoe County Fair. The solicitation called for a one year contract with three 1 year options for renewal. Crabtree Amusements was the sole respondent to this solicitation and was awarded the contract. Crabtree has provided well maintained rides and a variety of food / game vendors throughout the length of their prior contract. Carnival services are a key component to providing a mix of fun family entertainment for the County's annual Fair. Solicitation 12-07 expired in early 2016. The County's historical experience is that Carnival Service providers are territorial resulting in one bidder per County solicitation process. Fairgrounds Management would like to establish a one year contract with three 1 year renewal options with Crabtree Amusements. This agreement would allow the County to contract with Crabtree Amusements for a total of four years with Fairgrounds staff negotiating the scope of services and contract revenue sharing at each one year renewal.

Requestor Name, Signature & Telephone Number

Date

Elected Official/Department Head

Date

Purchasing Manager

Date

Comments: _____

Waiver approved, BoCC Reso #140221. Requestor to proceed with PO Yes No

Requestor to schedule BoCC Drop In & Create Board Summary Report Yes No

Janet Kennedy, Director of Finance (not to exceed \$100,000)

Date

BOCC, Chair

Date

Requestor to schedule BoCC Consent Agenda & Board Summary Report

Yes X No

Resolution # _____

Per BoCC Resolution #140221 of 4/8/14, Purchasing Manager has authorization for sole approval up to \$25,000 plus exemptions to Policy